

Based on Army Regulation 210-190, Section 2-14

Disinterment of remains

a. Each request for disinterment of Native American remains from Carlisle Barracks Post Cemetery will be addressed to the Executive Director of Army National Military Cemeteries for approval. The request will include the following documents:

- (1) Notarized affidavit by the closest living relative of the decedent requesting the disinterment. This document includes the reason for the proposed disinterment.
- (2) A sworn statement by a person knowing that the person who supplied the affidavit is the closest living relative of the deceased.

Samples of affidavits are shown in Figures 2–1, 2–2.

Figure 2-1: This document is to be completed and signed by the closest living relative of the deceased

To: Executive Director, Army National Military Cemeteries, 1 Memorial Drive, Arlington, VA 22211

I hereby request the disinterment of the remains of my [insert relationship to your ancestor; *example: Great Aunt*] from Carlisle Barracks Post Cemetery. I understand that Army National Military Cemeteries has pledged to honor this request at no personal cost to myself.

The decision that the remains of the decedent be interred at Carlisle Barracks was made by an ancestor and the administrators of the Carlisle Indian Industrial School. Due to the passage of time, all those involved in making that decision are deceased.

This disinterment is requested because [insert reason(s) that disinterment is desired; *example: Carlisle Barracks is too distant from my ancestor's homeland for me to visit and leave offerings at the gravesite*].

I hereby certify that I am the closest living relative of the late [insert name of the deceased].

Signed on this [date] day of [month year].

[name and signature of closest living relative]

Sworn to and subscribed before me on this [date] day of [month year]

[name and signature of Notary Public]

Notary Public

My commission expires [date]

[Seal]

Figure 2-2: This document is to be completed and signed by someone who knows the family or another family member

To WHOM IT MAY CONCERN:

I, [insert full name], hereby signify that [insert name of relative making request] is the closest known living relative of [name of the deceased].

Signature

Printed Name

Address

Sworn to and subscribed before me on this [date] day of [month year].

[name and signature of Notary Public]

Notary Public

My commission expires [date].

[Seal]